



RICE COUNTY
DATA REQUEST FORM
DATA SUBJECTS

TO: _____ DATE OF REQUEST: _____
Departmental Responsible Authority

CONTACT INFORMATION:

Name: _____ Email: _____

Parent/Guardian Name (if applicable): _____

Address: _____

Phone: _____

Note: To request data as a data subject, you must show valid proof of identity.

Staff Verification: Identification provided _____

I AM REQUESTING THE FOLLOWING DATA: Describe the data you are requesting as specifically as possible. If you need more space, please use the back of this form.

Please note: Inspection is free. Fees for copies will be charged in accordance with the Rice County Fee Schedule and the Minnesota Government Data Practices Act.

We will respond to your request within 10 business days.

Do Not Write Below This Line – For Staff Use Only

Date Received: _____ Received by: _____

Action Taken: _____